

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
04-04

2. STATE
Oregon

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
February 13, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
HCFA-PM-91-4

7. FEDERAL BUDGET IMPACT:
a. FFY \$ -0-
b. FFY \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplemental 1 to Attachment 2.6-A, Pages 1-4 (PRI)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplemental 1 to Attachment 2.6-A, Pages 1-4 (PRI)

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to reflect the increase in the Federal Poverty Level for pregnant women and children.

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

*Oregon (04-04)
Approved: 03/25/04
Effective: 02/13/04*

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Lynn Read

13. TYPED NAME **Lynn Read**

Jean Thorne

13. TYPED NAME **Jean Thorne**

14. TITLE: **Administrator, OMAP Director, DHS**

16. RETURN TO:

Office of Medical Assistance Programs
Department of Human Services
500 Summer Street NE, 3rd Floor, E35
Salem, OR 97301

15. DATE SUBMITTED: **2-27-04**

ATTN: Carole Van Eck

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **MAR - 1 2004**

18. DATE APPROVED: **MAR 25 2004**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
FEB 13 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **Karen S. O'Connor**

22. TITLE: **Associate Regional Administrator
Division of Medicaid &
Children's Health**

23. REMARKS:

PRI changes authorized by the state 3/12/04

RECEIVED

MAR 01 2004

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
1	\$ 345	\$ 310	\$ 310
2	499	395	395
3	616	460	460
4	795	565	565
5	932	660	660
6	1,060	755	755
7	1,206	840	840
8	1,346	925	925
9	1,450	985	985
10	1,622	1,090	1,090
Each Additional Person	172	105	105

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

x 133 percent ___ percent (no more than 185 percent)
(Specify)

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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SUPPLEMENT 1 TO ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

INCOME ELIGIBILITY LEVELS (continued)

A. MANDATORY CATEGORICALLY NEEDY (continued)

3. Children under Section 1902(a)(10)(i)(VI) of the Act who have attained age 1 but have not attained age 6:

Effective April 1, 1990, based on 133 percent of the official Federal income poverty level.

TN No. 04-04
Supersedes TN No. 03-05

Approval Date MAR 25 2004

Effective Date 2/13/04

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

INCOME ELIGIBILITY LEVELS (continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on up to 185 percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

TN No. 04-04
Supersedes TN No. 03-05

Approval Date **MAR 25 2004**

Effective Date 2/13/04

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

Transmittal #04-04
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

INCOME ELIGIBILITY LEVELS (continued)

B. MANDATORY CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO
FEDERAL POVERTY LEVEL

2. Children Between Ages 6 and 19

The levels for determining income eligibility for groups of children who are born after
September 30, 1983 and who have attained 6 years of age under the provisions of
P&I Sections 1902(1)(2) and 1902(a)(10)(A)(i)(VII) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income
poverty line.

TN No. 04-04
Supersedes TN No. 03-05

Approval Date 11/10/03

Effective Date 2/13/04